

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number		Filing Date		
							10587389				
							Applicant(s) Stefano COLLOCA				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1		1								
2	1		1								
3	1		1								
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5	1		---	---							
6	1			1							
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8		1		1							
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10		2	---	---							
11		1	---	---							
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14	1		---	---							
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45			1								
46				1							
47				1							
48				1							
49				1							
50				1							
Total Indep	13		7		0						
Total Depend	32		11		0						
Total Claims	45		18		0						

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